APPLICATION FORM FOR U.S. SERVICE ACADEMIES CONGRESSMAN ROY BLUNT

2740-B East Sunshine Springfield, Missouri 65804

Academy Preference:	1			
You will be considered only				
APPLYING FOR ACAD	EMY CLAS	S ENTERING TH	E SUMMER OF _	
FULL NAME				
Last	-	First	Middle	
LEGAL ADDRESS			City	Zip
MAILING ADDRESS			•	•
Str	eet/PO Box		City	Zip
HOME PHONE		E-MAIL		
COUNTY OF LEGAL R	ESIDENCE			
CONGRESSIONAL DIS	STRICT			
SOCIAL SECURITY # _				
DATE OF BIRTH				
PARENTS				
	e/ address/ phor	ne:		
Mother's nam	ne/ address/ pho			
HIGH SCHOOL NAME				
ADDRESS				
HIGH SCHOOL COUN				
COLLEGE (if applicable	-			

ACTIVITIES

(You may attach a separate sheet if necessary)

HONORS AND AWARDS	
CLUBS AND ACTIVITIES	
CLOBS AND ACTIVITIES	
ATHLETICS	
ELECTED OFFICES	
OTHER	
HAVE YOU RECEIVED A PRE-C	CANDIDATE QUESTIONNAIRE?
HAVE YOU COMPLETED YOUR ACADEMIES ?	R APPLICATION FOR ADMISSION TO EACH OF THE
Congressman Blunt and that the i	I and understand the Academy Fact Sheet provided by information I am submitting is accurate. I understand that must be submitted by November 1 , in order for my deration.
Signature	Date

SERVICE ACADEMY RECOMMENDATION CONGRESSMAN ROY BLUNT

TO BE COMPLETED BY YOUR HIGH SCHOOL COUNSELOR OR PRINCIPAL

COUNSELORS: This form may be returned separately from the student's application to the address below.

NAME OF APPLICA	NT						
GRADI		SCALE					
CLASS RANK		OUT (OF	BASED			
ON	SEMESTER	RS					
TEST SCORES: Or taken more than one scores are unavailable than November 1 to without test scores.	ce, the Congressnole at the present of the address show	nan will accept time, please fo wn below. No a	the highest rward a cop applicant wil	scores. If y of test results no later			
Congressman Roy Blunt 2740-B East Sunshine Springfield, Missouri 65804							
	date taken date taken						
Recommendation of counselor or other high school official; you may use additional pages:							
Date	Name		Signature				